NCDA&CS, VETERINARY DIVISION
ANIMAL WELFARE SECTION
1030 MAIL SERVICE CENTER,
RALEIGH, NC 27699-1030
PHONE: 919/715-7111, FAX: 919/733-6431

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: [Blank] W: [Blank]

LICENSE #: [Blank]
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Montgomery Co Animal Shelter
OWNER: [Blank]
ADDRESS: 572 442 Stevens Rd Mt Airy
TELEPHONE: [Blank]
VMO [Blank]
COUNTY Montgomery

Number of Primary Enclosures 13 Animals Present: Dogs 6 Cats 0

Inspector: Mark “X” in each box, if adequate. Circle each item number, if inadequate. Use NA if not applicable

STRUCTURE
Housing Facilities
- 1. Structure & Repair
- 3. Lighting
- 4. Ceiling, Wall, Floors
- 5. Storage
- 6. Water Drainage

Primary Enclosures
- 7. Structure & Repair
- 8. Space
- 10. Adequate Shelter

SANITATION
- 11. Waste Disposal
- 12. Odor
- 13. Ceiling, Wall, Floors
- 14. Primary Enclosures
- 15. Equipment & Supplies
- 16. Washrooms, Sinks, Basins
- 17. Insect/Vermic Control
- 18. Building & Grounds

HUSBANDRY
- 19. Adequate Feed/Water
- 20. Food Storage
- 21. Personnel
- 22. Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area
- 23. Animals’ Appearance

SPECIAL ITEMS
Records
- 23. Description of Animals
- 24. Records/Vet Treatment
- 25. Origin/Disposition
- 26. Signature (boarding kennel)
- 27. Written permission from owner for commingling (doggie daycare)

TRANSPORTATION
- 28. Care in Transit Discussed

VETERINARY CARE
- 28. Isolation Facility
- 29. No Signs of Illness/Treated

APPROVED □ DISAPPROVED
Date: Nov 3, 2007 Time: 09:30

Inspector’s Signature: [Blank] Owner/Authorized Agent’s Signature: [Blank]

AW-2
Rev. 1/07 White= Office Canary= Inspector Pink= Owner

PAGE 1 OF 2
Animal Welfare Section
NC Department of Agriculture and Consumer Services
1030 Mail Service Center
Raleigh, NC 27699-1030

Animal Welfare Section, NCDA&CS
Euthanasia Inspection Report

Name of business: Montgomery Co Animal Shelter
City: NC
License number (if currently licensed): 146
License type: Shelter

Prepare animals for euthanasia .0418
Properly record all data .0418
Security, controlled substances .0418
Adequate
Adequate
Adequate

Supervise Prob. CET .0418
Properly euthanize .0418
Properly dispose of dead .0418
Adequate
Adequate

IC only on anesth. or sedated .0501
Adequate

Use only bottled gas .0601
Use only comm. mfd chamber .0601
Only same species in chamber .0601
In chamber for >= 20 min .0601

Not used on < 16 weeks .0602
Not used on pregnant .0602
Not used on near death .0602
No live with dead .0603

Animals separated .0604
At least 1 viewport .0609
Chamber in good order .0605
Airtight seals present .0605

Light shatterproof .0605
Chamber sufficiently lit .0605
Electrical explosion-proof .0605
If inside, two CO monitors .0605

Records of monthly inspection .0606
Records of yearly inspection .0606
Visual inspection by AWS

Chamber cleaned b/t uses .0607
Operational guide & or manual .0608
>= 2 adults present when used .0609

Reports of extraordinary euth .0705
Adequate

Current copy of AWA in manual .0803
Current AVMA euth. in manual .0803
Current HSUS euth. in manual .0803
Current AHA euth. in manual .0803
Adequate
Adequate
Adequate
Adequate

List of approved euth. methods .0803
List of CETs & methods .0803
Contact info for DVM in PVC .0803
Contact info for DVM care .0803
Adequate
Adequate
Adequate
Adequate

List after hour euth. meth. 0803
Euth. methods if no CET present 0803
Policy for verifying death .0803
Contact info for suppliers .0803
Adequate
Adequate
Adequate
Adequate

DEA certificate .0803
MSDS sheets, chemical or gas .0803
MSDS sheets, tranq. or anesth. .0803
Signs & symptoms, human .0803
Not available
Adequate
Adequate
Adequate

First aid information .0803
MD contact information .0803
Adequate
Adequate

Signature of inspector:
Shelley Learn 11/3/09
Date: 11/3/09
Page 2 of 3

Signature of management:
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel □ Pet Shop □ Public Auction □ 
BUSINESS NAME: Montgomery Co
OWNER: 
ADDRESS: ____________
TELEPHONE: _______

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Explanation of Inadequacy (circled items above) And Recommendation For Compliance</th>
<th>Date Corrections Must Be Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>This inspection was for euthanasia only. Euthanasia was performed properly and humanely. Death was verified by necropsy. Animals were properly disposed of. MSDS for pesticides and Atelium Pentobarbital were present. Form was filled out at time of inspection.</td>
<td></td>
</tr>
</tbody>
</table>

☐ APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED  
Date: 4/6/01 Time: 09:30

Inspector’s Signature: [Signature]  
Owner/Authorized Agent’s Signature: [Signature] 

AW-2  
Rev. 1/07  
White= Office  
Canary= Inspector  
Pink= Owner